

MASSACHUSETTS EYE AND EAR INFIRMARY

2014 Hospital Profile

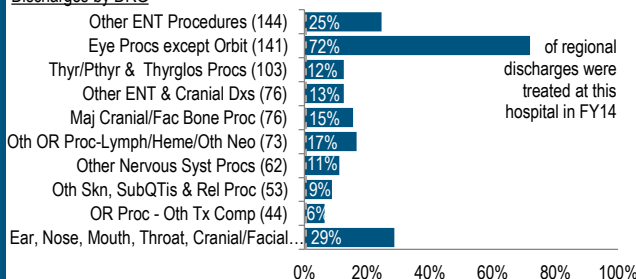
Boston, MA
Specialty Hospital
Metro Boston

Massachusetts Eye and Ear Infirmary is a small, non-profit specialty hospital located in the Metro Boston region. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions. Mass Eye and Ear is a teaching hospital of Harvard Medical School. It had a negative operating margin each year from FY10 to FY14, but a positive total margin each year except FY10 and FY14 in the five-year period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY10-FY14):	Not Applicable
	Total Staffed Beds:	41, among the smallest acute hospitals
	% Occupancy:	32.7%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.20
	Financial	
	Adjusted [†] Cost per Discharge:	\$11,520
Services	Inpatient NPSR per CMAD:	\$11,987
	Change FY13-FY14:	0.7%
	Inpatient:Outpatient Revenue in FY14:	10%:90%
	Outpatient Revenue in FY14:	\$134,286,232
	Change FY13-FY14:	7.5%
	Total Revenue in FY14:	\$228,692,345
	Total Surplus (Loss) in FY14:	(\$527,759)
	Payer Mix	
	Public Payer Mix:	45.2% (Non-DSH* Hospital)
	CY14 Commercial Payer Price Level:	41st Percentile
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated Health Maintenance Org.
	Utilization	
	Inpatient Discharges in FY14:	1,325
	Change FY13-FY14:	-12.4%
	Emergency Department Visits in FY14:	18,053
	Change FY13-FY14:	0.0%
	Outpatient Visits in FY14:	262,309
	Change FY13-FY14:	0.5%
	Quality	
	Readmission Rate in FY13:	10.5%
	Change FY11-FY13 (percentage points):	1.9%
	Early Elective Deliveries Rate (Jan 2014-Jun 2015):	Not Applicable

What were the most common inpatient cases (DRGs) treated at the hospital in FY14? What proportion of the region's cases did this hospital treat for each service?

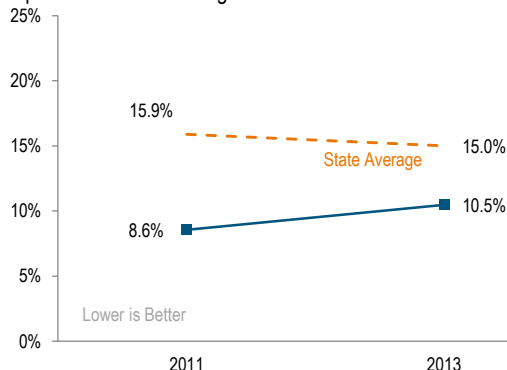
Discharges by DRG



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed as no single community accounted for more than 4% of the hospital's total discharges.

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures

2014 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

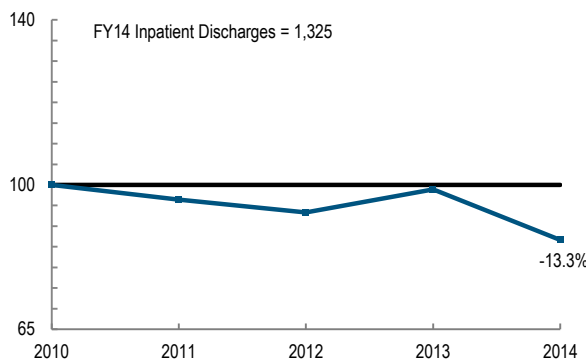
Cohort: N/A - Specialty Hospital

Key:

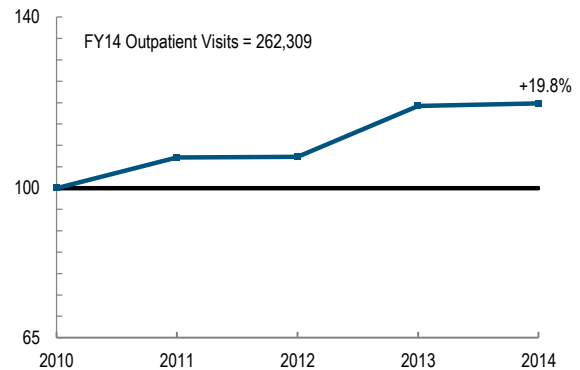
■ Hospital
— No Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10? (FY10=100)

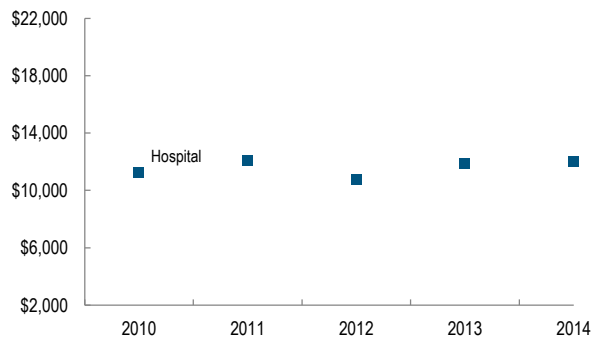


How has the volume of the hospital's outpatient visits changed compared to FY10? (FY10=100)

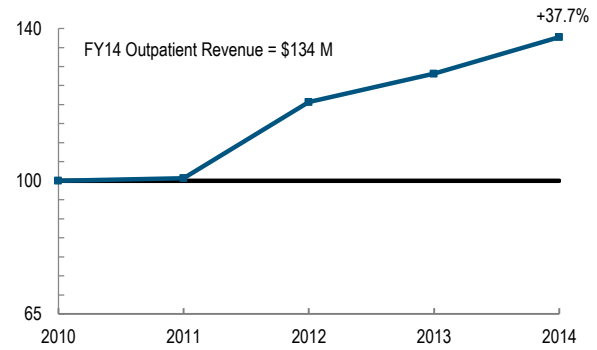


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14?



How has the hospital's total outpatient revenue changed compared to FY10? (FY10=100)



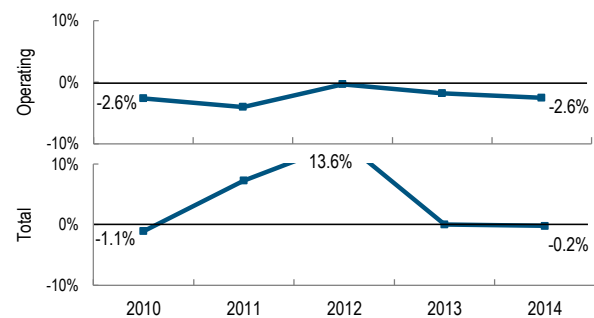
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	\$ 190	\$ 193	\$ 202	\$ 219	\$ 223
Non-Operating Revenue	\$ 3	\$ 25	\$ 33	\$ 4	\$ 5
Total Revenue	\$ 193	\$ 217	\$ 234	\$ 224	\$ 229
Total Costs	\$ 195	\$ 202	\$ 202	\$ 224	\$ 229
Total Profit (Loss)	\$ (2.1)	\$ 15.8	\$ 31.8	\$ 0.1	\$ (0.5)

What were the hospital's total margin and operating margins between FY10 and FY14?



For descriptions of the metrics, please see the technical appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

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